III. The Curability of Cancerous Disease. By DR. ED. V. MEYER (Zurich). This is a statistical consideration of the cases of malignant disease (tumors) in various regions operated upon by Prof. Rose (Zurich) during the period of 1867-1878. The growths included were examined by Prof. Ebert. They fall among the carcinomas, sarcomas and melano sarcomas. Of 64 cases there were 47 carcinomas, 11 sarcomas, 3 cysto-sarcomas, 1 melano-sarcoma, 1 fibro sarcoma and 1 carcinoma—sarcomatodes. There are 41 recoveries recorded. Twenty-two are still living from 20 years to 9 years after operation without return of disease. Of the 19 who died from other cause than their disease the time elapsing since operation ranged from 16 to 1 year.

Of those still living without return of disease 11 were carcinomatous tumors. The tumors in the successful cases were situated in the mamma, nose, lip, lower jaw, extremities, genitals The regionary glands were affected in only 4 cases. In the cases of return of disease only 2 tumors (carcinoma) of the breast are recorded. The remaining tumors affected the nose, lip, cheek, upper and lower jaw. The metastases affected the liver (3 cases), stomach (1). The duration of life of those who died with return of their disease varied from 11½ years (1); 10½ years (1); 5 years (2) to 3 months after original operation.—*Zeitsch. f. Chir.*, bd. 28, heft 1 and 2.

HENRY KOPLIK, (New York.)

NERVOUS AND VASCULAR SYSTEMS.

I. The Operative Treatment of Hernia of the Brain and Spinal Cord. By DR. HILDEBRAND (Goetingen). In the clinic of Prof. Koenig we have reported the following cases of operative interference in congenital defects of the bony vault of the cranium or the framework of the vertebral column with protrusion of contents. *Cerebral Herniæ.*—(1) A female infant, æt. 5 weeks, which on birth had a large tumor on the occiput (meningocele cerebralis), the sack communicating by an opening two fingerbreadths in diameter with the cavity of the skull. Child showed no other symptoms. (2) A case of encephalocele in a female infant æt. 14 days born with large tumor on the forehead. The tumor, the size of a fist, covered the nose and the eye of one side. The sac contained fluid and brain-tissue. There were no other symptoms. Both cases operated upon died as the direct result of operation. The second case was unique in that it combined a tumor of the dura with an encephalocele. (3) A third case in recorded in a male infant æt 11 days, in which a tumor the size of a child's head existed upon the occiput. In this case a large portion of brain tissue was removed in the operation. This case also proved fatal. The author thinks the removal of brain substance did not cause death. In all these cases there was great difficulty in maintaining a perfectly aseptic dressing and wound surface. These difficulties of antisepsis remain to be improved.

Five cases of spina bifida were also operated upon with two recoveries. As causes of death we have suppuration and meningitis (1). Undetermined (bandages and wound remaining aseptic, no inflammatory lesions post mortem) (2).

The author advises in all cases of cerebral and spinal herniæ a preliminary incision of the sac, with removal of the same and suture, if the contents be fluid. If cerebral substance exist in the sac an attempt at reposition is advisable; if it is successful a truss can be worn subsequently. If reposition of contents fail their removal is advisable. Ligature of the base of the sac before incising the same is only justifiable in meningocele with little cerebral contents. The fear of a loss and escape of cerebro spinal fluid can be met by immediate introduction of the finger into the sac after incision and closure of the communication with the skull by digital means. High position of the operated part and narcosis have also good effects. The author rejects the Schatz-Rizzoli methods.—*Zeitsch. f. Chir.*, bd. 28, heft 4 and 5.

HENRY KOPLIK (New York).

II. On Regeneration of Cerebral Tissue after Traumatic Lesions. By DR. PRUS (Lvov, Austrian Galicia). Cöen and many other observers most decidedly deny any probability of a genuine regeneration of the cerebral tissue and assert that in cases of brain lesions ending in healing, the newly formed structure does not